

**Testimony in Support of H.B. 6550 AN ACT CONCERNING THE OFFICE OF HEALTH STRATEGY'S  
RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO COMMUNITY BENEFITS PROGRAMS  
ADMINISTERED BY HOSPITALS  
Public Health Committee**

Winifred T. Gordon, MEd., OTR/L  
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Dear Senator Mary Daugherty Abrams, Representative Jonathan Steinberg, and Members of the Public Health Committee,

My name is Winifred Gordon and I live in Mansfield Center, Connecticut. I stand in support of HB 6550 An Act Concerning the Office of Health Strategy's Recommendations Regarding Various Revisions to Community Benefits Programs Administered by Hospitals.

Tying community benefit programs to needs identified in community health needs assessments (CHNA) is a critical component of hospitals serving as “anchor institutions” in their communities and can advance health equity by addressing barriers to health. As you are aware, this issue is central to the discussion regarding Windham Hospital’s obligation to provide birthing care in its own community.

The pandemic has highlighted how important community resources are to maintaining health in times of vulnerability. Community benefit dollars can address health disparities and the social determinants of health that contribute to them. Supporting a community benefit and community building spending floor ensures that nonprofit hospitals’ reinvestments stay local and help to financially support needed community resources. Nonprofit hospitals are exempt from state and federal corporate income taxes as well as property taxes that would otherwise fund local resources. It is reasonable to expect that, in return, they provide some of these valuable resources needed by the communities they declare they serve.

Reporting should include information about health outcomes, detailed uniform data describing the demographic makeup of the community, and how the hospital identifies and prioritizes community needs, including how the hospital solicits meaningful community input and feedback. This allows for accurate assessment of who is (and is not) being served and holds the hospital accountable; do they *really* live out their mission?

**I believe that changes to community benefit regulations should:** define “meaningful participation,” explicitly require that community participation reflect the demographics of each hospital’s community, require standardized reporting of data on the race, ethnicity, primary language, disability status, sexual orientation, and gender identity of the community, and include a public comment period to solicit public feedback on annual reporting by OHS on community benefit programs.

Thank you for the opportunity to testify regarding An Act Concerning the Office of Health Strategy's Recommendations Regarding Various Revisions to Community Benefits Programs Administered by Hospitals.

Sincerely,  
Winifred T. Gordon, MEd., OTR/L

